

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13659

APR 27 1936

1. PLACE OF DEATH

County Schuyler

Registration District No. 805

Township Liberty

Primary Registration District No. 6050

City Liberty (No. 6050)

File No. 106

Registered No. 106

St. Liberty Ward 1

2. FULL NAME

Purlina Ellen Brown

(a) Residence, No. 1 St. Liberty Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 28, 1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

93

1

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Macon Co. Mo.

FATHER

13. NAME

Allen Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

MOTHER

15. MAIDEN NAME

Susan Sneed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

17. INFORMANT (ADDRESS)

Mrs. Ollie Brown Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE I.O.O.F. Cem DATE Mar. 23, 1936

19. UNDERTAKER (ADDRESS)

John A. Roberts Lancaster, Mo.

20. FILED

March 13, 1936 Byrd H. Dyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

about Feb. 15, 1936, to Mar. 22, 1936

I last saw him alive on Mar. 18, 1936 Death is said

to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Old age

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Dr. R.E. Vaughn M.D.

(Address) Lancaster, Mo.

